

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>DR</i>	<i>32</i>	<i>2/2</i>
FORMALITY REVIEW	A.M	917	02-16-01
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Date
Final	
Original	
1	<i>2/2/01</i>
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	<i>✓</i>

Claim	Date
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Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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